



TEXAS

Health and Human Services

Dr. Courtney N. Phillips, Executive Commissioner

Request for Applications (RFA) For

SUBSTANCE USE TREATMENT SERVICES

RFA No. HHS0006637

Date of Release: February 7, 2020

Responses Due: February 28, 2020 by 2:00 p.m. Central Time

NIGP Class/Item Code:

948-43	Health Information Services
948-47	Health Care Center Services
948-48	Health Care Services (Not Otherwise Classified)
952-05	Alcohol and Drug Detoxification, Including Rehabilitation)
952-59	Human Services (Not Otherwise Classified)
952-62	Mental Health Services: Vocational, Residential, Etc.
958-56	Health Care Management Services, Including Managed Care Services
958-67	Mental Health Management Services, Including Operations, Facilities Maintenance, Nursing, Food Service, etc. 24/7

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Health and Human Services Commission (HHSC or State), Medical and Social Services (MSS) Intellectual and Developmental Disabilities (IDD) and Behavioral Health Services (BHS) announces the expected availability of Substance Abuse Mental Health Services Administration (SAMHSA) grant funds and State general revenue for State Fiscal Year (SFY) 2021, to fund Substance Use Services including Substance Use Disorder Treatment Services, Co-Occurring Psychiatric Substance Use Disorder (COPSD) services, and Youth Recovery Communities (YRC) in Texas.

This Request for Applications (RFA) will reflect the SAMHSA priority for states to develop a treatment Program that adheres to SAMSHA's guidelines.

In developing a response to this RFA, the Respondent is encouraged to demonstrate how substance use services will be provided to eligible, Indigent, Texas residents, as described in **Section 2.5, Scope**, and ensure the Respondent meets all eligibility requirements documented in **Section 2.3, Eligible Applicants**.

HHSC will make funds available to Awarded Respondents to deliver substance use services to help ensure a Continuum of Care for eligible Texas residents. It is expected that Awarded Respondents have the demonstrated experience, expertise, and infrastructure to perform the work outlined in this RFA.

HHSC will make funds available to provide substance use disorder (SUD) treatment services for the Program and services documented in **Section 2.1, Program Background**.

To be considered for award, Respondents must execute **Exhibit A, Affirmations and Solicitation Acceptance**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

1.2 DEFINITIONS

All applicable definitions can be found in Texas Administrative Code [Title 25, Part 1, Chapter 441, Subchapter A: Definition, Texas Administrative Code Title 25, Part 1, Chapter 229, Subchapter J: Definitions](#), **Exhibit B, HHSC Uniform Terms and Conditions – Grant, Version 2.16.1**, **Exhibit C, HHSC Special Conditions, Version 1.2**, and **Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

"Addendum" means a written clarification or revision to this Solicitation issued by HHSC.

"Adjunct Service" means clinically indicated services that are customized and may be delivered to support the Recovery of the individual.

"Adult" means a person eighteen (18) years of age or older, or a person under the age of 18 whose disabilities of minority have been removed by marriage or judicial decree.

"American Society of Addiction Medicine (ASAM)" is a nationally recognized set of criteria for providing outcome-oriented and results-based care in the treatment of addiction: <https://www.asam.org/>.

"Client" means an individual who receives or has received services, including admission authorization or assessment or referral, from a substance use disorder treatment provider, counselor, counselor intern, or Applicant for licensure as a counselor, or from an organization where the counselor, intern or Applicant is working on a paid or voluntary basis. For the purposes of this grant, a Client is the individual receiving the substance use services.

"Clinical Management for Behavioral Health Services (CMBHS)" means HHSC's web-based clinical record-keeping system for State-Contracted community mental health and substance use service providers.

"Continuum of Care" refers to a treatment system in which a Client enters treatment at a level appropriate to their needs and then steps up to more intense treatment or down to less intense treatment as needed.

"Dependent Children" means a biological child, stepchild, foster child, or other descendent of which an individual has responsibility of said child prior to nineteen (19) years of age.

"Diagnostic and Statistical Manual of Mental Disorders - V (DSM-V)" means the current version of the *Diagnostic and Statistical Manual of Mental Disorders-V* published by the American Psychiatric Association guiding clinical criteria for substance use disorders.

"Due Date" means the established deadline for submission of a document or Deliverable.

"Electronic State Business Daily (ESBD)" means the electronic marketplace where State of Texas Contract opportunities over twenty-five thousand dollars (\$25,000) are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/sp>.

"Evidenced Based Curriculum" consists of practices that have been vetted through rigorous research to address a particular topic.

"Executive Director" is the Respondent organization's highest-ranking executive.

“Financial Eligibility” means a screening conducted to determine if a Client may receive financial assistance from the System Agency.

“Fiscal Contact” is the Respondent organization’s fiscal point of contact for communication with System Agency.

“Fiscal Year” means a one (1) year period used for financial reporting and budgeting, which is from September 1st through August 31st.

“Indigent” means individuals earning less than two hundred percent (200%) of the federal poverty level.

“Indirect Costs” are costs that have been incurred for a common or joint purpose and are not readily chargeable to a specific cost objective (commonly costs that benefit the entire organization).

“Indirect Cost Rate (ICR)” is a rate for charging indirect cost – generally a percentage of direct cost or Modified Total Direct Cost (MTDC).

“Integrated Care” an approach to collaboratively, working together to benefit a Client.

“Key Personnel” means a Respondent organization’s Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the proposed Project.

“Long Term” defined as being in Recovery for one (1) year or more.

“Modified Total Direct Cost (MTDC)” in accordance with CFR §200.68, is all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward. The MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000.

“Motivational Interviewing Techniques” means goal-directed, Client-centered techniques that elicit behavioral change by helping individuals explore and resolve ambivalence.

“Needs Assessment” means a systematic process for determining and addressing needs or “gaps” between current services and conditions, and desired conditions and outcomes. The discrepancy between the current conditions and desired conditions must be measured to appropriately identify the need in a community. A Needs Assessment is an important part of the planning process and is an effective tool used to identify and clarify problems in a community. Gathering appropriate and sufficient data and input from multiple sources, including data specific to the target population in a community and the input from that target population, is critical to the development of an effective Needs Assessment.

“Parents” means the father, mother, step-parent, foster-parent, guardian to a child, or partners to guardian of the child.

“Participant” means an individual who is receiving prevention or intervention services.

“Patient” means an individual provided services in a clinical setting.

“Peer Recovery Model” means a chronic care approach to addiction treatment in which services move beyond repeated episodes of stabilization to the assertive management of long-term Recovery (Peer-Based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation known as the “Peer Recovery Model” by White, 2009).

“Person-centered” means a technique that directly focuses upon the need, preferences, and strengths of the individual.

“Postpartum” means the period after delivery through eighteen (18) months following childbirth.

“Prenatal Care” means care provided by a health care professional during pregnancy which may prevent potential health problems throughout the course of pregnancy and to promote healthy lifestyles that benefit both mother and child(ren).

“Preventive Care” routine health care that includes check-ups and Patient screenings to prevent illness, disease, and other health-related problems.

“Program Director” an individual identified at an organization with at least two (2) years of post-QCC eligible licensure experience providing substance use disorder treatment.

“Project Contact” is the Respondent organization’s point of contact for communication with System Agency.

“Psycho-educational Activities” means activities under this strategy that are designed to encourage and foster bonding with peers, family, and community. This strategy provides Adults the opportunity to take part in educational, cultural, recreational, and work-oriented substance-free-activities with youth involved in prevention programming. Examples of activities under this strategy may include but are not limited to: cultural events and activities, wilderness and adventure-oriented activities, ropes/challenge courses, rites of passage activities, artistic/theater activities, mentoring, tutoring, community service projects, social outings/events, health fairs, and athletic and other recreational alternatives.

“Qualified Credentialed Counselor (QCC)” is a licensed chemical dependency counselor or one of the practitioners listed below who is licensed and in good standing in the State of Texas and has at least one thousand (1,000) hours of documented experience treating substance-related disorders: licensed professional counselor (LPC); licensed master social worker (LMSW); licensed marriage and family therapist (LMFT); licensed psychologist; licensed physician; licensed physician's assistant; certified addictions registered nurse

(CARN); or advanced practice nurse practitioner recognized by the Board of Nurse Examiners as a clinical nurse specialist or nurse practitioner with a specialty in psychological health (APN-P/MH).

“Recovery” is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

“Recovery Support Services (RSS)” allows for a wide array of non-clinical services and supports to help individuals initiate, support, and maintain Recovery from substance use disorders. Nonclinical services that assist individuals and families to recover from alcohol, drugs (illicit and legal), or co-occurring substance use. RSS includes social support, linkage to and coordination among allied service Grantee, and a full range of human services that facilitate Recovery and wellness. These services may be provided prior to, during, and after treatment, and may be provided as separate and distinct services to individuals and families who desire and need them. <https://hhs.texas.gov/services/mental-health-substance-use/Adult-substance-use/Recovery-support-service-organizations>

“Recovery Oriented Values and Principles” means the following values and/or principles:

A. Choice and Self Determination:

1. Provide Participants the opportunity to select from menu of supports and services that correspond with their personal interests and Recovery goals.
2. Provide Participants the opportunity to revise their selections as needed to reflect their evolving personal interests and Recovery goals.
3. Ensure Recovery plans are self-directed, Participant-driven and reflect goals in multiple life domains.

B. Community Integration:

1. Provide Participants the opportunity to be involved in community activities and receive support related to community.
2. Work with Participants to identify and connect with a broad spectrum of community-based resources and supports that will assist in achieving their goals and rebuilding their lives within their community.

C. Peer Culture:

Offer an array of RSS that involve direct-assistance to establish and maintain Recovery using peer-support and peer-leadership in the following ways:

1. Hiring Peer Recovery Leaders;
2. Mobilizing peer volunteers;
3. Forming a peer advisory council;
4. Providing peer support groups; and
5. Other peer-run activities required by System Agency.

D. Family Inclusion:

1. Ensure that Participants have the right to define their “families” broadly to include biological relatives, significant others, and/or supportive allies.
2. Ensure that Participant receives RSS and shall ensure family members and supportive allies are invited to participate in Recovery planning and offered education and support.

- E. Continuity of Care: Ensure Recovery-oriented services are connected to a range of continuing support services beyond a substance use treatment episode.
- F. Partnership-Consultant Relationships: Ensure Participants direct their own Recovery through collaborative relationships and develop a Recovery plan.
- G. Culturally and Linguistically Competent:
 - 1. Provide services in a culturally, linguistically, and developmentally appropriate manner for Participants, family members, and/or supportive allies.
 - 2. Ensure organizational policies reflect the culture, behaviors, values, and language of the population served.

“Region (Health and Human Services (HHSC) Region)” means one (1) of eleven (11) geographic subdivisions of the State. See, **Exhibit Q, Health and Human Services (HHS) Offices by County.**

“Respondent” means the entity responding to this Solicitation. May also be referred to as “Applicant.”

“Scope of Work” means a statement outlining specific goods or services reflected in a Solicitation for a project period.

“Service Days” means days when a Client receives services. For residential services, this includes every day the Client is present in the residence, and for outpatient services this includes every day the Client receives an outpatient service.

“Short-term funds” means funds that should be used for one (1) time or short amount of time that should not be longer than thirty (30) business days.

“Solicitation” means this RFA including any exhibits, forms and Addenda.

“State” means the State of Texas and its instrumentalities, including HHSC and any other State agency, its officers, employees, or authorized agents.

“Strength-based” means focusing upon the assets, strengths, resources and resiliencies of the individual, family, and community rather than emphasizing needs, deficits, and pathologies.

“Substance Use Disorder Treatment Services – (Chemical Dependency Treatment)” means a planned, structured Program designed to initiate and promote a person's Recovery which may include, but is not limited to, the application of planned procedures to identify and change patterns of behavior related to or resulting from substance-related disorders that are maladaptive, destructive, or injurious to health, or to restore appropriate levels of physical, psychological, or social functioning.

“Successful Respondent” means an organization that receives a grant award as a result of this RFA. May also be referred to as “Grantee,” “Awarded Respondent,” “Subrecipient,” or “Grant Recipient.”

“Supervision” means the processes of watching and directing what someone does or how something is done.

“System Agency” means the Texas Health and Human Service Commission.

“Texas Regulatory Authority” means the HHS Division for Regulatory Services providing public health oversight of individuals and entities that provide consumer and health goods and services to the public. <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>.

“Trauma Informed Care” means an approach to treating a whole person, considering past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the Patient.

1.3 AUTHORITY

HHSC is requesting applications under Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Services (PHS) Act, which established the Substance Abuse Prevention and Treatment Block Grant (SAPT) Program; Consolidated Appropriations Act, 2018 H.R. 1625 / Public Law 115-141, Title II establishes the State Opioid Response Grant (SOR), and Texas Government Code Section 531.039.

ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

HHSC provides Substance Use Services to Indigent Texas Residents for the following Programs:

1. Treatment for Adults (TRA), **Section 2.1.1**;
2. Treatment for Females (TRF), **Section 2.1.2**;
3. Treatment for Youth (TRY), **Section 2.1.3**;
4. Co-Occurring Psychiatric and Substance Use Disorder (COPSD), **Section 2.1.4**;
5. Youth Recovery Communities (YRC), **Section 2.1.5**;
6. Medication Assisted Treatment (MAT), **Section 2.1.6**; and
7. Neonatal Abstinence Syndrome Medication Assisted Treatment (NAS-MAT), **Section 2.1.7**.

The eligible populations and services provided within each Program is documented in each Programs section.

- 2.1.1 The purpose of TRA is to provide SUD treatment services to the eligible population as stated in Texas Administrative Code (TAC), Title 25, Part 1, Chapter 448. The eligible population includes Adult Texas residents over the age of eighteen (18), who meet financial and clinical criteria for HHSC-funded SUD treatment services as stated in the HHSC SUD Utilization Management (UM) Guidelines (see **Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**):

TRA Program includes multiple service levels/levels of care, as follows:

- 2.1.1.1 **Residential Detoxification/Withdrawal Management** is a medical service that helps people withdraw from substances in a medically safe and effective manner;
- 2.1.1.2 **Detoxification Ambulatory/Outpatient** provides detoxification from substances, with many of the benefits of residential detoxification but in a less-restrictive environment;
- 2.1.1.3 **Intensive Residential Treatment** provides SUD treatment in a structured residential environment, in combination with thirty (30) hours of intensive services per week including ancillary services to support and promote Recovery;
- 2.1.1.4 **Human Immunodeficiency Virus (HIV) Statewide Intensive Residential** provides the same services of Intensive Residential, while also incorporates, disease management for persons living with HIV, including medical adherence, nutrition, risk reduction including risk reduction in lifestyle-specific settings (e.g., intravenous (IV) drug use

transmission, sexual transmission, medical transmission), mental health, relapse prevention, 12-step support, and life skills;

2.1.1.5 **Supportive Residential Treatment** provides SUD treatment in structured residential environment, in combination at least six (6) hours per week while seeking after-care needs including: employment, job training, education, etc.; and

2.1.1.6 **Outpatient Treatment Services** provide individuals with SUD, who do not need to live at a facility to maintain sobriety, counseling, education and support services.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

2.1.2 The purpose of TRF is to provide SUD treatment services to Adult women with Dependent Children (including women whose children are in custody of the State) and pregnant women that are Texas residents who meet financial and clinical criteria for HHSC-funded SUD treatment services as stated in the HHSC SUD UM Guidelines (**Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**) and as stated in TAC, Title 25, Part 1, Chapter 448.

TRF Programs include multiple service levels/levels of care, as follows:

2.1.2.1 **Residential Detoxification/Withdrawal Management** is a medical service that helps people withdraw from substances in a medically safe and effective manner;

2.1.2.2 **Detoxification Ambulatory/Outpatient** provides detoxification from substances, with many of the benefits of residential detoxification but in a less-restrictive environment;

2.1.2.3 **Intensive Residential Treatment** provides SUD treatment in a structured residential environment, in combination with thirty (30) hours of intensive services per week including ancillary services to support and promote Recovery;

2.1.2.4 **Supportive Residential Treatment** provides SUD treatment in structured residential environment, in combination at least six (6) hours per week while seeking after-care needs including: employment, job training, education, etc.; and

2.1.2.5 **Outpatient Treatment Services** provide individuals with substance use disorders, who do not need to live at a facility to maintain sobriety, counseling, education and support services;

2.1.2.6 In addition, TRF has a service type identified as **Women and Children's Residential Programs** (Intensive and Supportive Residential) whose eligible population is pregnant women and women with Dependent Children (including women whose children are in custody of the State) who are Texas residents who meet financial and clinical criteria for HHSC-funded SUD services as stated in the HHSC SUD UM Guidelines (**Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**). In addition, the Client must:

- A. Be in the third (3) trimester of her pregnancy; and/or
- B. Have at least one (1) child physically residing overnight with her in the facility; and/or
- C. Have a referral by Department of Family and Protective Services (DFPS). Note: DFPS may not allow the child to reside overnight at the facility initially but placement of the child is planned within the first thirty (30) Service Days of treatment episode.

2.1.2.7 Respondents receiving an award to provide services to Women and Children's Residential treatment may be eligible for a cost-reimbursement Contract to provide interim services to women on the wait list to ensure coordination of pre-treatment services, during services, and post-treatment services. See **Exhibit T, Comprehensive, Continuum of Care for Females (CCC) Statement of Work (SOW)**.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

2.1.3 The purpose of TRY is to provide SUD treatment services to the eligible population. The eligible population for TRY is defined by TAC, Title 25, Part 1, Chapter 448, Subchapter I, Rule §448.905, and shall meet financial and clinical criteria for HHSC-funded SUD services as stated in (**Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**) and as stated in TAC, Title 25, Part 1, Chapter 448.

TRY Programs include multiple service levels/levels of care, as follows:

2.1.3.1 **Intensive Residential Treatment** provides SUD treatment in a structured residential environment, in combination with thirty (30) hours of intensive services per week including ancillary services to support and promote Recovery;

2.1.3.2 **Supportive Residential Treatment** provides SUD treatment in structured residential environment, in combination at least six (6) hours per week while seeking after-care needs including: employment, job training, education, etc.; and

- 2.1.3.3 **Outpatient Treatment Services** provide individuals with substance use disorders, who do not need to live at a facility to maintain sobriety, counseling, education and support services.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

- 2.1.4 The purpose of COPSD is to provide Adjunct Services to the eligible population. The eligible population for COPSD is Texas residents who meet financial and clinical criteria for HHSC-funded services as stated in the HHSC SUD UM Guidelines (**Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**) and as stated in TAC, Title 25, Part 1, Chapter 448.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

- 2.1.5 The purpose of YRC is to support and increase the prevalence of Long-Term Recovery from SUD of youth between the ages of thirteen (13) – twenty-one (21) years by mobilizing community organizations who will utilize a Peer Recovery Leader workforce to the eligible population. The eligible population is youth ages thirteen (13) – twenty-one (21) with a history of SUD, including those with co-occurring mental health disorders, who are in or seeking Recovery, along with their family members, significant others, and supportive allies. This population includes youth who have not received SUD treatment but who are seeking Recovery through the Peer Recovery Model.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

- 2.1.6 The purpose of MAT is to provide Recovery-oriented MAT to meet the individualized needs of the Clients by providing access to all reimbursable, United States Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder to the eligible population as stated in TAC, Title 25, Part 1, Chapter 229. Individuals receiving MAT must receive medical, counseling, peer-based Recovery support, educational, and other assessment and treatment services, as defined in 42 CFR part 8, in addition to prescribed medication.

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

- 2.1.7 The purpose of NAS-MAT is to provide Recovery-oriented MAT to meet the individualized needs of the Clients by providing access to all reimbursable, FDA approved medications for the treatment of opioid use disorder to the eligible

population as stated in TAC, Title 25, Part 1, Chapter 229. Individuals receiving NAS-MAT must receive medical, counseling, peer-based Recovery support, educational, and other assessment and treatment services, as defined in 42 CFR part 8, in addition to prescribed medication

Note: HHSC's ability to fund the above services is contingent on the availability of federal and State funding for the eligible population.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The estimated total amount of State and federal funding available for SFY 2021 is **one hundred and thirty-seven million dollars (\$137,000,000.00)** for the following substance use services Programs, and it is HHSC's intention to make multiple awards for each Program:

1. TRA;
2. TRF;
3. TRY;
4. COPSD;
5. YRC;
6. MAT; and
7. NAS-MAT.

In accordance with **Section 2.3 Eligible Applicants**, public or private nonprofit (501(C)(3)), for-profit and governmental legal entities are eligible to apply for services within this RFA. However, due to the federal funding restrictions, for-profit entities are only eligible for an estimated **twenty-three million dollars (\$23,000,000.00)** of the funding described above.

2.2.2 Grant Term

The grant funding period for this grant will be five (5) Fiscal Years. It is anticipated that the grant funding period for this Program will begin **September 1, 2020** through **August 31, 2025**. Reimbursement will only be made for those allowable expenses that occur within the term of the grant. No pre-award spending will be allowed.

2.3 ELIGIBLE APPLICANTS

Eligible Respondents include public or private nonprofit 501(C)(3), for-profit, and governmental entities. All Respondents must comply with the criteria listed below under this RFA at the time the proposal is submitted.

In order to be awarded a Contract as a result of this RFA:

1. Respondent must be established as an appropriate legal entity as described in the paragraph above, under State statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFA.
2. Respondent must have a Texas address and a physical location in the Region applying to serve.
3. Respondent is not eligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in federal or State assistance Programs.
4. In compliance with Comptroller of Public Accounts (CPA) and Texas Procurement and Support Services rules, a name search will be conducted using the websites listed in this section prior to the development of a Contract.
5. A Respondent is not considered eligible to Contract with HHSC, regardless of the funding source, if a name match is found on any of the following lists:
 - a. The General Services Administration's (GSA) System for Award Management (SAM) for Parties excluded from receiving federal Contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits. <https://www.sam.gov/portal/SAM/##1>
 - b. The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search <https://oig.hhsc.State.tx.us/oigportal/Exclusions.aspx>; and
 - c. Texas CPA Debarment List located at <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>.
6. Respondent must continue to meet the eligibility conditions throughout the selection and funding process. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the Respondent's eligibility to compete for the Contract award.
7. The Respondent must hold a current license from the Texas Licensing Authority or be designated by HHSC as a faith-based organization to treat Clients in TRA, TRF, and/or TRY Programs. Each license must document the appropriate age group, gender, and setting (also known as level of care/service type).
 - a. TRA
 - i. Age Group: The Respondent must be licensed by the Texas Licensing Authority to treat Adults.
 - ii. Gender: The Respondent must be licensed to treat Male and/or Female.
 - iii. Setting (also known as level of care/service type): The Respondent must be licensed for the level of care setting.
 - b. TRF

- i. Age Group: The Respondent must be licensed by the Texas Licensing Authority to treat Adults.
 - ii. Gender: The Respondent must be licensed to treat females.
 - iii. Setting (also known as level of care/service type): The Respondent must be licensed for the level of care setting.
 - c. TRY
 - i. Age Group: The Respondent must be licensed by the Texas Licensing Authority to treat youth.
 - ii. Gender: The Respondent must be licensed to treat Male and/or Female.
 - iii. Setting (also known as level of care/service type): The Respondent must be currently licensed for the level of care setting.
8. If Respondent is designated as a faith-based organization, they **are not** required to obtain a facility license from the Texas Licensing Authority to provide TRA, TRF, TRY treatment services. However, the Respondent is required to register with the Texas Licensing Authority to become exempt from the license requirement using the “Faith Based Chemical Dependency Treatment Program Application for Exemption Registration.” Respondent shall submit the Texas Licensing Authority letter issued to the facility upon approval of their registration.
9. The COPSD eligibility requires the Respondent to meet at least one (1) of the following eligibility requirements:
- a. If a Respondent is a State licensed substance use disorder treatment facility, a letter of agreement or Memorandum of Understanding with a local mental health authority (LMHA)/local behavioral health authority (LBHA) must be included in the Grantee’s application. A list of LMHAs can be located at <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>;
 - b. If a Respondent is a LMHA and not licensed to provide SUD treatment, there must be a letter of agreement or Memorandum of Understanding with a State-funded licensed SUD treatment facility. Respondents are ineligible to provide the COPSD services if Respondent is currently funded from HHSC, Mental Health COPSD Program. A list of State-funded licensed substance use disorder treatment facilities can be located at <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>; and
 - c. If a Respondent is both a State licensed SUD treatment facility and an LMHA, the Respondent must provide a document describing how mental health and SUD will be addressed concurrently.

10. The MAT eligibility requires the Respondent to meet the following:

- a. Respondent must be licensed by the State of Texas as a Narcotic Treatment Clinic (<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/narcotic-treatment-centers>);
- b. Respondent must, at a minimum, have a provisional (initial) certification from the SAMHSA as an Opioid Treatment Program (<https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply>);
- c. Respondent must be registered by the Drug Enforcement Agency prior to administering or dispensing opioid drugs for the treatment of opioid use disorder (<https://www.deadiversion.usdoj.gov/drugreg/index.html>); and
- d. Respondent must provide documentation supporting accreditation by (1) one of the three (3) SAMHSA approved accrediting bodies and/or documentation that the Respondent has applied for accreditation. The SAMHSA accrediting bodies information is located: <https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-accrediting-bodies/approved>.

The federal opioid treatment standards found in Title 42 of the Code of Federal Regulations Part 8 ([42 CFR Part 8](#)), Opioid Treatment Providers are required to have current valid accreditation status.

If Respondent does not have accreditation, Respondent must provide a copy of the application to the accreditation body to which the Respondent has applied, including the date on which the Respondent applied for accreditation, the dates of any accreditation surveys that are expected to take place, and the expected schedule for completing the accreditation process. Refer to SAMHSA SMA-162 Form for Provisional Certification of a New Opioid Treatment Program (<https://dpt2.samhsa.gov/sma162/>).

Note: Respondents have up to one (1) year to become accredited; the one (1) year timeframe begins on the date Respondent applied for accreditation. If Respondent is selected for award, Respondent shall provide accreditation documentation, as outlined above, to HHSC.

11. The NAS-MAT eligibility requires the Respondent to meet the following:

- a. Respondent must be licensed by the State of Texas as a Narcotic Treatment Clinic (<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/narcotic-treatment-centers>);
- b. Respondent must, at a minimum, have a provisional (initial) certification from the SAMHSA as an Opioid Treatment Program

(<https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply>);

- c. Respondent must be registered by the Drug Enforcement Agency prior to administering or dispensing opioid drugs for the treatment of opioid use disorder (<https://www.deadiversion.usdoj.gov/drugreg/index.html>);
- d. Respondent must provide documentation supporting accreditation by one (1) of the three (3) SAMHSA approved accrediting bodies and/or documentation that the Respondent has applied for accreditation. The SAMHSA accrediting bodies information is located: <https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-accrediting-bodies/approved>.

The federal opioid treatment standards found in Title 42 of the Code of Federal Regulations Part 8 ([42 CFR Part 8](#)), Opioid Treatment Providers are required to have current valid accreditation status.

If Respondent does not have accreditation, Respondent must provide a copy of the application to the accreditation body to which the Respondent has applied, including the date on which the Respondent applied for accreditation, the dates of any accreditation surveys that are expected to take place, and the expected schedule for completing the accreditation process. Refer to SAMHSA SMA-162 Form for Provisional Certification of a New Opioid Treatment Program (<https://dpt2.samhsa.gov/sma162/>).

Note: Respondents have up to one (1) year to become accredited; the one (1) year timeframe begins on the date Respondent applied for accreditation. If Respondent is selected for award, Respondent shall provide accreditation documentation, as outlined above, to HHSC.

2.4 PROGRAM REQUIREMENTS

To meet the mission and objectives of Substance Use Services, Respondent will provide SUD treatment services for one (1) or more of the following service types/levels of care. The below service types/levels of care are based on TAC requirements and ASAM criteria which is a collection of objective guidelines that give clinicians a standardized approach to admission and treatment planning. To learn more about ASAM, visit: <https://www.asam.org/>

2.4.1 TRA

Awarded Respondents shall provide SUD Treatment Services as indicated in the Service Type/Level of Care:

- 1. Outpatient Treatment Services
Outpatient
(**ASAM Level 1 Outpatient Services**)
- 2. Residential Treatment Services

- a. Intensive Residential Treatment Services
(**ASAM Level 3.5 Clinically Managed High-Intensity Residential Services**)
 - b. Supportive Residential Treatment Services
(**ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services**)
- 3. Adult Detoxification Services
 - a. Residential Detoxification
(**ASAM Level 3.7 Medically Monitored Withdrawal Services**)
 - b. Detoxification Ambulatory
(**ASAM Level 2 Withdrawal Management**)

2.4.2 TRF

Awarded Respondents shall provide SUD Treatment Services as indicated in the Service Type/Level of Care:

- 1. Outpatient Treatment Services
 - Outpatient
(**ASAM Level 1 Outpatient Services**)
- 2. Residential Treatment Services
 - a. Intensive Residential Treatment Services
(**ASAM Level 3.5 Clinically Managed High-Intensity Residential Services**)
 - b. Supportive Residential Treatment Services
(**ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services**)
- 3. Adult Detoxification Services
 - a. Residential Detoxification
(**ASAM Level 3.7 Medically Monitored Withdrawal Services**)
 - b. Detoxification Ambulatory
(**ASAM Level 2 Withdrawal Management**)
- 4. Women and Children's Residential Treatment Services
 - a. Women and Children's Intensive Residential Treatment Services
 - b. Women and Children's Supportive Residential Treatment Services

2.4.3 TRY

Awarded Respondents shall provide SUD Treatment Services as indicated in the Service Type/Level of Care:

- 1. Outpatient Treatment Services
 - Outpatient
(**ASAM Level 1 Outpatient Services**)
- 2. Residential Treatment Services
 - a. Intensive Residential Treatment Services
(**ASAM Level 3.5 Clinically Managed High-Intensity Residential Services**)
 - b. Supportive Residential Treatment Services
(**ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services**)

2.4.4 COPSD

Awarded Respondents shall provide Adjunct Services to Clients with COPSD.

2.4.5 YRC

Awarded Respondents shall support and increase the prevalence of Long-Term Recovery from substance use disorders of youth between the ages of thirteen (13) to twenty-one (21) years.

2.4.6 MAT and NAS-MAT

MAT and NAS-MAT Program requirement can be found in **Section 2.3, Eligible Applicants** (Subsections 10 and 11).

2.5 SCOPE

A. The Program requirements are documented in the associated exhibit(s) below:

1. **Exhibit H, Treatment for Adults (TRA) Statement of Work (SOW)**
2. **Exhibit I, Treatment for Females (TRF) Statement of Work (SOW)**
3. **Exhibit J, Treatment for Youth (TRY) Statement of Work (SOW)**
4. **Exhibit K, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Statement of Work (SOW)**
5. **Exhibit L, Youth Recovery Communities (YRC) Statement of Work (SOW)**
6. **Exhibit M, Medication Assisted Treatment (MAT) Statement of Work (SOW)**
7. **Exhibit N, Neonatal Abstinence Syndrome - Medication Assisted Treatment (NAS-MAT) Statement of Work (SOW)**
8. **Exhibit T, Comprehensive, Continuum of Care for Females (CCC) Statement of Work (SOW)**

The TRA, TRF, and TRY Programs utilize **Exhibit O, HHSC Substance Use Disorder (SUD) Utilization Management (UM) Guidelines**.

All Programs adhere to the fee-for-service payment methodology except for the YRC Program. The YRC Program utilizes the cost reimbursement payment methodology.

The current fee-for-service rates are documented in **Exhibit P, Fee-For-Service Rates**.
Note: All rates are subject to change.

The **Exhibit T, Comprehensive, Continuum of Care for Females (CCC) Statement of Work (SOW)** documents the programmatic requirements for the *optional* Contract that may be offered to eligible Grantees, in accordance with **Section 2.1.2.7**.

B. In developing proposals in response to this RFA, Respondents will be required to complete attached **Forms A** through **I** (as applicable) listed below:

1. **Form A: Respondent Information**
2. **Form B-1: Governmental Entity (if applicable)**
3. **Form B-2: Nonprofit or For-Profit Entity (if applicable)**
4. **Form C: Administrative Information**

5. **Form D: Contact Person Information**
6. **Form E-1: TRA, TRF, TRY: Outpatient Treatment Services**
7. **Form E-2: TRA, TRF, TRY: Residential Treatment Services**
8. **Form E-3: TRA, TRF: Detoxification Services/Withdrawal Management Services**
9. **Form E-4: Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Program Narrative**
10. **Form E-5: Youth Recovery Communities (YRC) Program Overview**
11. **Form E-6: Medication Assisted Treatment (MAT) and Neonatal Abstinence Syndrome - Medication Assisted Treatment (NAS-MAT) Program Review**
12. **Form F: Performance Measures and Goals (YRC Only)**
13. **Form G: Financial Management & Administration Questionnaire**
14. **Form H: Expenditure Proposal Template**
15. **Form I: Indirect Cost Rate Agreement**

2.5.1 Match

All Programs within this RFA require Respondent to contribute five percent (5%) match of awarded amount. However, Respondents awarded funds from the SOR grant **will not** require Respondent to contribute match. The SOR grant is only funding the MAT Program; however, the MAT Program has multiple types of grant funding. Therefore, the match requirements for Grantees of the MAT Program will be in accordance with the allocated funding requirements.

Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the proposed Project. **State or federal funds may not be used as match.**

Respondents are not required to certify matching funds as part of the application process. However, State awards must ultimately be matched on at least a dollar for dollar basis by the Grant Recipient and no State funding will be released prior to an equivalent amount of match certified by the Grantee to HHSC.

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS. To certify matching funds in the expenditure proposal, which is only required for the YRC Program, in attached **Form H: Expenditure Proposal Template**, Respondents must:

1. For cash contributions:
 - a. A letter from the donor to the Respondent demonstrating the donor's intent to meet the Respondent's match; a written resolution or consent from the Respondent's governing board or senior official that the donation obtained by the Respondent will meet the Respondent's match; **or** the donor's notation on a check reflecting the purpose of the donation; **and**

- b. Copies of cancelled donor checks or bank statement showing the transfer of funds by wire or receipt of credit card payments.
2. For donated or discounted materials or services: a commitment of resources and their retail value described on the donor's letterhead.
3. For donated professional services: a commitment of resources and their retail value described on the donor's letterhead.
4. For volunteer labor: a signed letter of commitment from the Respondent's governing board or senior official outlining the number of volunteers, the number of volunteer hours, volunteer activity description, and the rate at which volunteer labor will be valued. Volunteer labor to be provided to a Respondent by individuals will be valued at rates consistent with those ordinarily paid for similar work in the Respondent's organization. If the Respondent does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market.

2.5.2 Expenditure Proposal

The TRA, TRF, TRY, COPSD, MAT, NAS-MAT Programs **do not** require Respondent to provide **Form H: Expenditure Proposal Template**. Therefore, **Section 2.5.2, Expenditure Proposal** is only applicable to Respondents interested in applying for the YRC Program.

In attached **Form H: Expenditure Proposal Template**, Respondents for YRC Program must:

1. Demonstrate Project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable State and federal grant requirements.
2. Identify costs to be requested from HHSC.
3. Utilize the HHSC template provided as **Form H: Expenditure Proposal Template** and per the instructions outlined in **Article VII - Expenditure Proposal**.

2.5.3 Performance Measure (YRC Only)

HHSC will monitor the performance of Contracts awarded under this RFA. All services and Deliverables under the Contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. The YRC Program is the ***only*** Program within the RFA with performance measures, as follows:

Youth Recovery Communities
The number of new Participants with a case opened during the reporting month

Definition: The Grantee will enter the number of new, unduplicated Participants with an open case in the current reporting month.

2.5.4 Outcome Measures

HHSC will monitor the outcome measures of Contracts awarded under this RFA. All services and Deliverables under the Contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. The outcome measures for each Program are below. Each of the below outcome measures, are subject to change.

2.5.4.1 TRA

TRA Programs have the following levels of care/service types outcome measures:

2.5.4.1.1 Residential Detoxification

	Adult Residential Detoxification Services	
	Number served	Formula
a	Number of sessions using Motivational Interviewing Techniques per Client with multiple detoxification episodes (average count):	2
b	Percent who complete detoxification services:	70%
c	Percent of referral to another level of care for Clients in an initial detoxification episode:	70%
d	Percent of referral to another level of care for Clients with multiple detoxification episodes:	70%

Outcome Methodology:

A. Number of sessions using Motivational Interviewing Techniques per Client with multiple detoxification episodes (average count):

1. The numerator is the number of administrative notes with a note type of "motivational interviewing" for HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Client must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date: (i) Clients must have been counted as completers; and (ii) Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.

B. Percent who successfully complete detoxification services:

1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date where the service end reason is not "non-compliant with service," "discharged without completing

service,” “Client left service against professional advice,” or blank due to an administrative discharge.

2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service for the Fiscal Year to date.

C. Percent referred to another level of care for Clients in an initial detoxification episode:

1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the Client’s first residential detoxification episode.
 - c. There must be either a service that has begun for another level of care (at any provider in CMBHS) or a referral to another level of care for which the referral follow-up states "presented for referral."
2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the Client’s first residential detoxification episode.

D. Percent referred to another level of care for Clients with multiple detoxification episodes:

1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
 - c. There must also be either a service that has begun for another level of care (at any provider in CMBHS) or a referral to another level of care for which the referral follow-up states “presented for referral.”
2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.

2.5.4.1.2 Ambulatory Detoxification (ASAM Level 2 Withdrawal Management)

Adult Ambulatory Detoxification Services		
	Number served	Formula
a	Percent who complete detoxification services:	70%
b	Percent of Clients with concurrent admission to outpatient treatment services:	100%

Outcome Methodology:

- A. Percent who successfully complete detoxification services:

1. The numerator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date where the service end reason is not “non-compliant with service,” “discharged without completing service,” “Client left service against professional advice,” or blank due to an administrative discharge.
2. The denominator is the number of HHSC-funded Clients who ended an ambulatory detoxification service for the Fiscal Year to date.

B. Percent of Clients with concurrent admission to outpatient treatment services:

1. The numerator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date, and who also had an overlapping service begin for an outpatient service, either at the same or another provider.
2. The denominator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date.

2.5.4.1.3 Intensive Residential (ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

Adult Intensive Residential Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	52%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	70%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	14%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “Client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the substance use disorder portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

E. Percent with no arrest since admission:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
 - ii. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.1.4 Supportive Residential (ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)

Adult Supportive Residential Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	46%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	80%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	55%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date where the service end reason was not "non-compliant with service," "discharged without completing

service,” “Client left service against professional advice,” or blank due to an administrative discharge.

- a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the substance use disorder portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the value entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as “homeless” or “shelter.”
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the question, “How many days has the Client attended

- community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?” is greater than zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- E. Percent with no arrest since admission:
1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client’s length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- F. Percent employed at discharge:
1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client’s employment status must be listed as employed “full time,” “part time,” or “not in the labor force” on the service end or discharge assessment.
 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.1.5 [Outpatient Services \(ASAM Level 1 Outpatient Services\)](#)

Adult Outpatient Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	42%
b	Percent abstinent at discharge:	45%
c	Percent discharging to stable housing:	55%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	55%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	60%

Outcome Methodology:**A. Percent who successfully complete treatment services:**

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “Client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the substance use disorder portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the value entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as “homeless” or “shelter.”
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.

- b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, “How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?” is greater than zero (0).
- 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

E. Percent with no arrest since admission:

- 1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client’s length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
- 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

- 1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client’s employment status must be listed as employed “full time,” “part time,” or “not in the labor force” on the service end or discharge assessment.
- 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

2.5.4.2 TRF

TRF has the following levels of care/service type outcome measures:

2.5.4.2.1 Residential Detoxification

	Treatment for Females Residential Detoxification Services	
	Number served	Formula
a	Number of sessions using Motivational Interviewing Techniques per Client with multiple detoxification episodes (average count):	2
b	Percent who complete detoxification services:	70%
c	Percent of referral to another level of care for Clients in an initial detoxification episode:	70%
d	Percent of referral to another level of care for Clients with multiple detoxification episodes:	70%

Outcome Methodology:

- A. Number of sessions using Motivational Interviewing Techniques per Client with multiple detoxification episodes (average count):
1. The numerator is the number of administrative notes with a note type of "motivational interviewing" for HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Client must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
 2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
- B. Percent who complete detoxification services:
1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date where the service end reason is not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service for the Fiscal Year to date.
- C. Percent referred to another level of care for Clients in an initial detoxification episode:
1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the Client's first residential detoxification episode.
 - c. There must be either a service begins for another level of care (at any provider in CMBHS) or a referral to another level of care for which the referral follow-up states "presented for referral."

2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the Client's first residential detoxification episode.
- D. Percent referred to another level of care for Clients with multiple detoxification episodes:
1. The numerator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
 - c. There must also be either a service that has begun for another level of care (at any provider in CMBHS) or a referral to another level of care for which the referral follow-up states "presented for referral."
 2. The denominator is the number of HHSC-funded Clients who ended a residential detoxification service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.

2.5.4.2.2 Ambulatory Detoxification (ASAM Level 2 Withdrawal Management)

Treatment for Females Ambulatory Detoxification Services		
	Number served	Formula
a	Percent who complete detoxification services:	70%
b	Percent of Clients with concurrent admission to outpatient treatment services:	100%

Outcome Methodology:

- A. Percent who complete detoxification services:
1. The numerator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date where the service end reason is not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 2. The denominator is the number of HHSC-funded Clients who ended an ambulatory detoxification service for the Fiscal Year to date.
- B. Percent of Clients with concurrent admission to outpatient treatment services:
1. The numerator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date, and who also had an overlapping service begin for an outpatient service, either at the same or another provider.
 2. The denominator is the number of HHSC-funded Clients who ended an ambulatory detoxification service during the Fiscal Year to date.

2.5.4.2.3 Intensive Residential (ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

Treatment for Females Intensive Residential Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	52%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	70%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	14%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “Client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.

- a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
 - 2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.
- D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
 - 1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
 - 2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.
- E. Percent with no arrest since admission:
 - 1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
 - 2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.
- F. Percent employed at discharge:
 - 1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.

- a. Clients must have been counted as completers.
 - b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.2.4 [Supportive Residential \(ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services\)](#)

	Treatment for Females Supportive Residential Services	
	Number served	Formula
a	Percent who successfully complete treatment services:	46%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	80%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	55%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).

2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- C. Percent discharging to stable housing:
1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- E. Percent with no arrest since admission:
1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).

2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.2.5 Outpatient Services (ASAM Level 1 Outpatient Services)

	Treatment for Females Outpatient Services	
	Number served	Formula
a	Percent who successfully complete treatment services:	42%
b	Percent abstinent at discharge:	45%
c	Percent discharging to stable housing:	55%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	55%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	60%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.

- b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
 - 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.
- C. Percent discharging to stable housing:
 - 1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
 - 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.
- D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)
 - 1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
 - 2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.
- E. Percent with no arrest since admission:
 - 1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).

- i. If the length of stay was less than thirty (30) days, the Contractor shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
 - c. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

2.5.4.3 Treatment for Youth (TRY)

TRY has the following levels of care/service type outcome measures:

2.5.4.3.1 [Intensive Residential \(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services\)](#)

Youth Intensive Residential Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	52%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	70%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	14%
g	Percent attending school or vocational training:	85%

Outcome Methodology:

- A. Percent who successfully complete treatment services:
 1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date where the service end reason was not "non-compliant with service," "discharged without completing

service,” “Client left service against professional advice,” or blank due to an administrative discharge.

- a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the value entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as “homeless” or “shelter.”
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, “How many days has the

Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?” is greater than zero (0).

2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

E. Percent with no arrest since admission:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client’s length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client’s employment status must be listed as employed “full time,” “part time,” or “not in the labor force” on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

G. Percent attending school or vocational training:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to “Is the Client enrolled in school?” must be “yes.”
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.3.2 Supportive Residential (ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)

Youth Supportive Residential Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	46%
b	Percent abstinent at discharge:	75%
c	Percent discharging to stable housing:	80%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	90%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	55%
g	Percent attending school or vocational training:	90%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “Client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.

- a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
 - 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
 - 1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
 - 2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- E. Percent with no arrest since admission:
 - 1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
 - c. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.
- F. Percent employed at discharge:
 - 1. The numerator is the number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.

- b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended a supportive residential service during the Fiscal Year to date and were counted as completers.

G. Percent attending school or vocational training:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to "Is the Client enrolled in school?" must be "yes."
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.3.3 [Outpatient Services \(ASAM Level 1 Outpatient Services\)](#)

Youth Outpatient Services		
	Number served	Formula
a	Percent who successfully complete treatment services:	42%
b	Percent abstinent at discharge:	45%
c	Percent discharging to stable housing:	55%
d	Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):	55%
e	Percent with no arrest since admission:	90%
f	Percent employed at discharge:	60%
g	Percent attending school or vocational training:	35%

Outcome Methodology:

A. Percent who successfully complete treatment services:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the Client must also have had all problems on their treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the Client's record, closed complete.
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.

B. Percent abstinent at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service for the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past thirty (30) days on the SUD portion of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation (For example, if the length of stay was twenty-one (21) days and the valued entered is twenty-one (21) days out of the last thirty (30) days, then the Client is counted in the numerator).
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

C. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The service end or discharge assessment must not list the Client's current living situation as "homeless" or "shelter."
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

D. Percent admitted to/involved in ongoing treatment/Recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a support group in the SUD section of the service end or discharge assessment.
 - i. This measure checks statewide to determine whether the Client had a service begin for another level of care at any provider in CMBHS.
 - ii. The provider also receives credit if, on the service end or discharge assessment, the question, "How many days has the Client attended community-based mutual help groups for alcohol and/or other drugs in the past thirty (30) days?" is greater than zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

E. Percent with no arrest since admission:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.

- a. Clients must have been counted as completers.
- b. The number of arrests in the past thirty (30) days on the service end or discharge assessment must be zero (0).
 - i. If the length of stay was less than thirty (30) days, the Respondent shall enter the number of arrests during the duration of the service type. For example, if a Client's length of stay was twenty-one (21) days and the Client was arrested three (3) days prior to admission, but was not arrested during treatment, the answer to this question should be zero (0).
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

F. Percent employed at discharge:

1. The numerator is the number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. The Client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
2. The denominator is the total number of HHSC-funded Clients who ended an outpatient service during the Fiscal Year to date and were counted as completers.

G. Percent attending school or vocational training:

1. The numerator is the number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to "Is the Client enrolled in school?" must be "yes."
2. The denominator is the total number of HHSC-funded Clients who ended an intensive residential service during the Fiscal Year to date and were counted as completers.

2.5.4.4 Co-Occurring Psychiatric and Substance Use Disorder (COPSD)

COPSD has the following outcome measures:

Co-Occurring Psychiatric and Substance Use Disorder Services		
	Number Served	Formula
a	Client Engagement:	55%
b	SUD Treatment Status at discharge:	70%
c	Mental Health Treatment Status at discharge:	10%
d	Percent discharging to stable housing:	55%

Outcome Methodology:

A. Client engagement:

1. The numerator is the number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date who had at least one (1) progress note (counseling or case management) during at least five (5) distinct weeks.
2. The denominator is the total number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date and were counted as completers.

B. SUD Treatment Status at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date who had at least one (1) substance use disorder treatment service begins during the episode at same or different provider
2. The denominator is the total number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date and were counted as completers.

C. Mental Health Treatment Status at discharge:

1. The numerator is the number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date. There must also be activity in CMBHS associated with mental health services during the episode at same or different provider or a referral with a referral type of “Mental Health Treatment (Inpatient)” or “Mental Health Treatment (Outpatient)”.
2. The denominator is the total number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date and were counted as completers.

D. Percent discharging to stable housing:

1. The numerator is the number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date. The service end or discharge assessment must not list the Client’s current living situation as “homeless” or “shelter.”
2. The denominator is the total number of HHSC-funded Clients who ended a COPSD service during the Fiscal Year to date and were counted as completers.

2.5.4.5 Youth Recovery Communities (YRC)

The YRC Program has the following outcomes:

	Youth Recovery Community Services	
a	Percent of Participants reporting abstinence:	50%
b	Percent of Participants reporting improvement at school:	70%
c	Percent of Participants employed if not in school:	80%
d	Percent of Participants with family and support network involvement:	80%

Outcome Methodology:

A. Percent of Participants reporting abstinence:

1. The numerator is the number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months and are

reporting abstinence for at least three (3) months as of the last day of the reporting month.

2. The denominator is the total number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months.

B. Percent of Participants reporting improvement at school:

1. The numerator is the number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months, are enrolled in middle or high school, and meet the following:
 - A. No more than two (2) unexcused absences during the reporting month, and;
 - B. The most recent report card lists passing grades for all classes.
2. The denominator is the total number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months who are enrolled in middle or high school.

C. Percent of Participants employed if not in school:

1. The numerator is the number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months, are not enrolled in middle or high school, and are:
 - a. Employed part time or full time; or
 - b. Enrolled and attending vocational training, or
 - c. Enrolled in higher education (university, junior college, etc.).
2. The denominator is the total number of Participants with an open case during the reporting month whose cases have been open for at least six (6) months who are not enrolled in middle or high school.

D. Percent of Participants with family and support network involvement:

1. The numerator is the number of Participants with an open case during the reporting month whose family, friends, significant others, and/or other supportive allies attended at least one (1) structured activity at the YRC during the reporting month.
2. The denominator is the total number of Participants with an open case during the reporting month.

2.5.4.6 Medication Assisted Treatment Services

The MAT Program has the following outcome measures:

Medication Assisted Treatment	
Number served	Formula
a. Percent of Clients whose length of stay is at least one (1) year:	65%
b. Percent of Clients with absence of drug use/misuse (including alcohol) this year:	65%
c. Percent of Clients with no arrest since admission this year:	90%
d. Percent of all new Clients who received at least one (1) immunization for tetanus or hepatitis A and B:	75%

E. Percent of all new Clients who received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV and TB):	75%
F. Percent of all new Clients who received diabetes screening and individualized BMI information:	90%
G. Percent of Clients discharging and/or actively engaged in stable/Recovery housing:	80%
H. Percent employed at discharge and/or receiving supported employment services:	60%
I. Percent of Clients receiving overdose prevention education and naloxone:	100%
j. Percent of Clients reporting ongoing treatment/RSS this year:	50%

Outcome Methodology:

- A. Percent of Clients whose length of stay is at least one (1) year:
 1. The numerator is the number of Clients served who report being in MAT services for over one (1) Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- B. Percent of Clients reporting absence of drug use/misuse (including alcohol) this year:
 1. The numerator is the number of Clients reporting absence of drug use/misuse (including alcohol) this Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- C. Percent of Clients with no arrest since admission this year:
 1. The numerator is the number of Clients reporting no arrests this Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- D. Percent of all new Clients who received at least one (1) immunization for tetanus or hepatitis A and B:
 1. The numerator is the number of new Clients that received at least (1) one immunization for Tetanus or Hepatitis A and B in one (1) Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- E. Percent of all new Clients who received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV and TB):
 1. The numerator is the number of new Clients that received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV and TB) in one (1) Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.

- F. Percent of all new Clients who received diabetes screening and individualized BMI information:
1. The numerator is the number of new Clients that diabetes screening and individualized BMI information in one (1) Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- G. Percent of Clients discharging and/or actively engaged in stable/Recovery housing this year:
1. The numerator the number of Clients reporting active engagement in stable and/or Recovery housing this Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- H. Percent employed at discharge and/or receiving supported employment services:
1. The numerator the number of Clients reporting active employment this Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- I. Percent of Clients receiving overdose prevention education and naloxone:
1. The numerator is the number of Clients that received overdose prevention education and naloxone in one (1) Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.
- J. Percent of Clients reporting ongoing treatment/RSS this year.
1. The numerator the number of Clients reporting ongoing treatment/RSS this Fiscal Year on the annual MAT survey.
 2. The denominator is the number served at the time of the MAT survey conducted on an annual Fiscal Year basis.

2.5.4.7 NAS-MAT Outcome Measures

The NAS-MAT Program has the following outcome measures:

Medication Assisted Treatment		
	Number served	Formula
a	Percent of Clients whose length of stay is at least one (1) year:	65%
b	Percent with absence of drug use/misuse (including alcohol):	65%
c	Percent with no arrest since admission:	90%

d	Percent of Clients discharging and/or actively engaged in stable/Recovery housing:	80%
e	Percent employed at discharge and/or receiving supported employment services:	60%
f	Percent admitted to/involved in ongoing treatment/RSS (supportive residential, outpatient, Medication Assisted Recovery Anonymous groups, and other supportive services):	50%

Outcome Methodology:

- A. Percent of Clients whose length of stay is at least one (1) year:
 1. The numerator is the number of Clients served who report being in MAT services for over one (1) Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

- B. Percent of Clients reporting absence of drug use/misuse (including alcohol) this year:
 1. The numerator is the number of Clients reporting absence of drug use/misuse (including alcohol) this Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

- C. Percent of Clients reporting no arrests this year:
 1. The numerator is the number of Clients reporting no arrests this Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

- D. Percent of Clients reporting active engagement in stable/Recovery housing this year:
 1. The numerator the number of Clients reporting active engagement in stable and/or Recovery housing this Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

- E. Percent of Clients reporting active employment:
 1. The numerator the number of Clients reporting active employment this Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

- F. Percent of Clients reporting ongoing treatment/RSS this year:
 1. The numerator the number of Clients reporting ongoing treatment/RSS this Fiscal Year on the annual NAS-MAT survey.
 2. The denominator is the number served at the time of the NAS-MAT survey conducted on an annual Fiscal Year basis.

2.6 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

1. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
2. Lobbying;
3. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
4. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
5. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
6. Admission fees or tickets to any amusement park, recreational activity or sporting event;
7. Promotional gifts;
8. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
9. Membership dues for individuals;
10. Any expense or service that is readily available at no cost to the grant Project;
11. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
12. Fundraising;
13. Statewide Projects;
14. Any other prohibition imposed by federal, State, or local law; and
15. The acquisition or construction of facilities.

2.7 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards (2 CFR 200); the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

The federal funding sources of this RFA is the SAPT and SOR grants, which requires compliance with the Code of Federal Regulations listed below:

SAPT: 45 CFR Part 96, Subpart C, as applicable:
<https://ecfr.io/Title-45/pt45.1.96#sp45.1.96.c>;

SOR: 45 CFR Part 75, as applicable:
<https://ecfr.io/Title-45/pt45.1.75>

Grantees are required to conduct Project activities in accordance with federal and State laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the HHSC Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the Contract no more than ten (10) calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's Programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to Programs, benefits, and activities.

Grantees must comply with Executive Order 13279, and its implementing regulations at 7 CFR Part 16 or 45 CFR Part 87 which provide that any organization that participates in Programs funded by direct financial assistance from the U.S. Department of Agriculture or U.S. Department of Health and Human Services must not, in providing services, discriminate against a Program beneficiary or prospective Program beneficiary on the basis of religion or religious belief.

2.8 DATA USE AGREEMENT

By entering into a Grant Agreement with HHSC as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit F, Data Use Agreement (DUA) Between the Texas Health and Human Services System and Contractor.**

Note: Respondents that are designated as governmental entities that are selected for Contract negotiation will be provided the specific DUA for governmental entities during the Contract negotiation phase.

2.9 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

HHSC makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded Grant, if any, resulting from this Solicitation, any awarded Grant is subject to appropriations and the continuing availability of funds.

HHSC reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	February 7, 2020
Deadline for Submitting Questions	February 14, 2020
Tentative Date Answers to Questions Posted	February 19, 2020
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	February 28, 2020 at 2:00 p.m.
Anticipated Notice of Award	July 2020
Anticipated Contract Start Date	September 1, 2020

Note: These dates are a tentative schedule of events. HHSC reserves the right to modify these dates at any time upon notice posted to the [ESBD](#) and [HHS Grants Opportunities](#) website. Any dates listed after the Solicitation Response deadline will occur at the discretion of HHSC and may occur earlier or later than scheduled without notification on the [ESBD](#) and [HHS Grants Opportunities](#) website.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

HHSC reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of HHSC and will post such change, amendment or modification on the [ESBD](#) and [HHSC Grants](#) websites. It is the responsibility of the Applicant to periodically check the [ESBD](#) and [HHSC Grants](#) websites to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Point of Contact listed in **Section 3.4.1, Point of Contact** as soon as possible so corrective addenda may be furnished to prospective Respondents.

3.4 INQUIRIES

3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the HHSC's Point of Contact addressed to the person listed below. All communications between Respondents and other HHSC staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA: for example, during negotiation and award as set out in **Section 4.5, Negotiation and Award**. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name: Fernando Garcia, CTCD, CTCM
Title: Purchaser
Address: 1100 West 49th Street, Austin, TX 78756
Phone: (512)406-2545
Email: Fernando.garcia03@hhsc.state.tx.us

3.4.2 Prohibited Communications

All communications between Respondents and other HHSC staff members concerning the Solicitation may not be relied upon and Respondent should send all questions or other communications to the Point of Contact. This restriction does not preclude discussions between affected Parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.4.3 Questions

HHSC will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Point of Contact listed in **Section 3.4.1, Point of Contact** above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- A. Identifying Solicitation number
- B. Section number
- C. Paragraph number
- D. Page number
- E. Text of passage being questioned
- F. Question

Note: Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in **Section 3.1, Schedule of Events** above.

Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification Request Made By Respondent

Respondents must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.4.5 Responses to Questions

Responses to questions or other written requests for clarification will be posted on the [ESBD](#) and [HHSC Grants](#) websites. HHSC reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers will be posted on the [ESBD](#) and [HHSC Grants](#) websites. It is the Applicant's responsibility to check the [ESBD](#) and [HHSC Grants](#) websites. HHSC also reserves the right to provide a single consolidated response of all similar questions they choose to answer in any manner at HHSC's sole discretion.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All Applications must be:

1. Clearly legible;
2. Sequentially page-numbered and include the Respondents name at the top of each page;
3. Organized in the sequence outlined in **Article IX - Submission Checklist**;
4. In Arial or Times New Roman font, size twelve (12) or larger for normal text, no less than size ten (10) for tables, graphs, and appendices;
5. Blank forms provided in the exhibits must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
6. Correctly identified with the RFA number and submittal deadline;
7. Responsive to all RFA requirements; and
8. Signed by an authorized official in each place a signature is needed (electronic or digital signature will be necessary to submit via USB drive).

3.5.2 Submission in Separate Parts

1. Organizational Information, including all forms;
2. Narrative Proposal, including all forms;
3. Supportive Information;
4. Expenditure Proposal; and
5. Exhibits.

Respondent shall submit two (2) USB flash drives, one marked as the “**Original**” and one marked as the “Copy.” Each USB flash drive shall have five (5) folders, as described in detail in **Article IX – Submission Checklist**. **Article IX – Submission Checklist** documents how Respondent must organize the application for submission to HHSC.

The two (2) USB flash drives must be submitted in one (1) package to HHSC at the address listed in **Section 3.6.3, Delivery**.

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in **Section 3.6.3, Delivery** time-stamped by HHSC no later than the date and time specified in **Section 3.1, Schedule of Events**.

3.6.2 Labeling

Solicitation Responses shall be placed in a sealed box or envelope and clearly labeled as follows:

SOLICITATION NO.:
SOLICITATION NAME:
SOLICITATION RESPONSE DEADLINE:
PURCHASER:
RESPONDENT NAME:

RFA No. HHS0006637
Substance Use Treatment Services
February 27, 2020 at 2:00 p.m.
Fernando Garcia, CTCD, CTCM

HHSC will not be held responsible for any Solicitation Response that is mishandled prior to receipt by HHSC. It is Respondent’s responsibility to mark appropriately and deliver the Solicitation Response to HHSC by the specified date and time.

3.6.3 Delivery

Respondent must deliver Solicitation Responses by one (1) of the methods below to the address noted. Solicitation Responses submitted by any other method (e.g., facsimile, telephone, email) will NOT be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

HHSC Procurement and Contracting Services (PCS)
Attn: Bid Coordinator
1100 W. 49th Street, MC 2020
Service Building (Building S)
Austin, Texas 78756

Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Respondent.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, a Respondent may: (1) withdraw its Solicitation Response by submitting a written request identified in **Section 3.4.1, Point of Contact**; or (2) modify its Solicitation Response by submitting a written amendment identified in **Section 3.4.1, Point of Contact**. The System Agency may request Solicitation Response Modifications at any time.

ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

Applications will be evaluated and scored in accordance with the factors required by **Section 2.4, Program Requirements; Article V, Organizational Information and Narrative Proposal**; and other factors deemed relevant by HHSC.

A three (3) step selection process will be used:

- A. Eligibility screening;
- B. Evaluation based upon specific selection criteria;
- C. Final Selection based upon State priorities.

4.2 ELIGIBILITY SCREENING

Applications will be reviewed for minimum qualifications and completeness. All complete Applications meeting the minimum qualifications will move to the Evaluation stage.

4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by Program criteria in this RFA. See also, **Exhibit U, Evaluation Tool**.

4.4 FINAL SELECTION

HHSC intends on making multiple awards for each Program. After initial screening for eligibility, Application completeness, and initial scoring of the elements listed above in **Section 4.3, Evaluation**, a selection committee will look at all eligible Respondents to determine which proposals should be awarded in order to most effectively accomplish State priorities. The selection committee will recommend grant awards to be made to the HHSC Associate Commissioner for Medical & Social Services (MSS) Division, Behavioral Health Services (BHS) who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the State, State priorities, reasonableness, availability of funding, and cost-effectiveness.

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each Successful Respondent will depend upon the merit and scope of the Application, the recommendation of the selection committee, and the decision of the Associate Commissioner. Not all Respondents who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase may involve direct contact between the Successful Respondent and HHSC representatives via phone and/or email. During negotiations, Successful Respondents may expect:

1. An in-depth discussion of the submitted proposal and budget; and
2. Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the Contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent Grant Recipients once the Associate Commissioner has given approval to initiate negotiation and execute Contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, Addendums, or revisions to the RFA or General Provisions, sought by the Respondent must be specifically detailed in writing by the Respondent on Exhibit D, Exceptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Respondent's proposal or at a later date.

HHSC will post to the ESBD and HHSC Grants Website and may publicly announce a list of Respondents whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Respondent's proposal and does not bind HHSC to enter into a Contract with any Respondent whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY HHSC

HHSC reserves the right to ask questions or request clarification from any Respondent at any time during the RFA process.

ARTICLE V. ORGANIZATIONAL INFORMATION AND NARRATIVE PROPOSAL

5.1 ORGANIZATIONAL INFORMATION, NARRATIVE, AND EXPENDITURE PROPOSALS

a. All Respondents:

Respondents applying to this RFA shall submit one (1) application per HHS health Region (see **Exhibit Q, Health and Human Services (HHS) Offices by County**).

Respondent shall identify all Program(s) the Respondent is applying to serve per HHS health Region.

Respondent shall identify all Service Type(s)/Service(s), the Respondent is applying to serve per Program.

b. For TRA, TRF, TRY:

If applying for TRA, TRF, TRY, the Respondent should adhere to “All Respondent” requirements. In addition, Respondents shall submit each Regulatory License pertaining to the RFA application. Respondent’s Regulatory License must reflect all *age group(s)*, *gender(s)*, and *setting(s)* as identified in **Section 2.3, Eligible Applicants**.

If the Respondent is designated as a faith-based organization, the Respondent shall submit the Texas Licensing Authority letter issued to the facility upon approval of their registration.

c. For COPSD:

If the Respondent is applying to serve COPSD, the Respondent should adhere to “All Respondent” requirements. In addition, the Respondent shall submit either:

1. A State licensed SUD treatment facility and a letter of agreement or Memorandum of Understanding with a LMHA or LBHA; or
2. Indicate on **Form A, Respondent Information**: Type of Entity: Local Mental/Behavioral Health Authority and a letter of agreement or Memorandum of Understanding with a State-funded licensed substance use disorder treatment facility.
3. If a Respondent is both a State licensed SUD treatment facility and an LMHA, the Respondent shall indicate on **Form A, Respondent Information**: Type of Entity: Local Mental/Behavioral Health Authority and submit Respondent’s State licensed SUD treatment facility and provide a document describing how mental health and SUD of Clients will be addressed concurrently.

d. For YRC:

If the Respondent is applying for YRC, the Respondent should adhere to “All Respondent” requirements.

e. For MAT and NAS-MAT:

If the Respondent is applying for MAT, NAS-MAT, the Respondent should adhere to “All Respondent” requirements. In addition, the Respondent must submit:

1. the State of Texas as a Narcotic Treatment Clinic; and
2. Drug Enforcement Agency registration; and
3. SAMHSA OTP Provisional Certification or Certification; and
4. Accreditation Letter or Copy of Application to the Accreditation body including the date on which the Respondent applied for accreditation, the dates of any accreditation surveys that are expected to take place, and the expected schedule for completing the accreditation process.

5.1.1 Respondent’s Organization Information Proposal

All Respondents are required to complete **Form A, Respondent Information** through **Form D, Contact Person Information**, as follows:

a. Form A: Respondent Information

Respondent shall complete **Form A: Section I. Applicant Information**.

Respondent shall complete **Form A: Section II: Programs/Service Type(s)/Service(s) Applying**. The Respondent shall indicate the Region, the Respondent is applying to serve.

Note: Only one (1) Region should be selected per Response.

The Respondent shall indicate all Program(s), the Respondent is applying to serve per HHS health Region. The Respondent shall indicate all Service Type(s)/Service(s), the Respondent is applying to serve per Program.

Respondent shall complete **Form A: Section III: Regulatory Information** detailing each Service Type(s)/Service(s) applying. Respondent shall total all slots/beds/approved to treat committed to HHSC per Service Type(s).

For COPSD, indicate the total number of full-time staff persons who will be assigned to COPSD direct care services.

Respondents applying for YRC, will **not** complete Section III.

b. Form B-1: Governmental Entity (if applicable)

Respondent shall complete **Form B-1: Governmental Entity**, if Respondent’s legal status is a government entity.

c. Form B-2: Nonprofit or For-Profit Entity (if applicable)

Respondent shall complete **Form B-2: Nonprofit or For-Profit Entity**, if Respondent’s legal status is nonprofit or for-profit.

d. Form C: Administrative Information

Respondent shall complete **Form C: Administrative Information**, which provides required information on the Respondent.

e. **Form D: Contact Person Information**

Respondent shall complete **Form D: Contact Person Information**, which provides required Contract information for Respondent.

5.1.2 Respondent's Narrative Proposal

Utilizing the Forms attached to this RFA, and listed below, Respondents will answer the questions within the forms to describe the proposed services, processes, and methodologies for meeting all components described in **Article II, Administrative Information**. Respondent will also include all documents requested as part of completing forms to demonstrate fulfilling **Article II, Administrative Information** and **Exhibits H – N, and T** requirements.

a. **Program Narrative (Form E)**

Respondent shall complete the applicable **Form E(s)**, in accordance with the Programs and services that are included within the Respondent's Application. Respondent shall answer each question within the text box. If the Respondent's answer is not within the text box, the information will not be reviewed and/or evaluated. The **Form E** for each specific Program is listed below; please ensure the Respondent completes the form(s) for the Program services for which Respondent is applying.

Note: Forms E-1 through E-3 are required to be completed for Respondents applying to provide the identified Services. For example, a Respondent applying to provide TRA Program, Outpatient and Detoxification Treatment Services will complete Forms E-1 and E-3.

1. **Form E-1:** TRA, TRF, TRY: Outpatient Treatment Services;
2. **Form E-2:** TRA, TRF, TRY: Residential Treatment Services;
3. **Form E-3:** TRA, TRF: Detoxification Services/Withdrawal Management Services;
4. **Form E-4:** Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Program Narrative;
5. **Form E-5:** Youth Recovery Communities (YRC) Program Overview; and
6. **Form E-6:** Medication Assisted Treatment (MAT) and Neonatal Abstinence Syndrome – Medication Assisted Treatment (NAS-MAT) Program Review (Complete form for each Clinic that will provide the MAT services).

b. **Form F: Performance Measures and Goals (YRC Only)**

Respondents applying to provide YRC Program services are required to complete **Form F: Performance Measures and Goals (YRC Only)**. In the quarterly columns, Respondent shall provide the quarterly goals.

5.1.3 Respondent's Expenditure Proposal

All Respondents are required to complete an Expenditure Proposal; however, only Respondents applying for the YRC Program are required to complete **Form H: Expenditure Proposal Template**. For information on the Expenditure Proposal requirements, please refer to **Article VII, Administrative Information**.

Below are the documents within the Expenditure Proposal:

a. **Form G: Financial Management & Administration Questionnaire**

All Respondents shall complete **Form G: Financial Management & Administration Questionnaire**.

b. **Form H: Expenditure Proposal Template**

Respondents applying for the YRC Program shall complete **Form H: Expenditure Proposal Template**. If Respondent is not applying for the YRC Program, **Form H: Expenditure Proposal Template** is not required.

c. **Form I: Indirect Cost Rate Agreement**

All Respondents shall provide the Indirect Cost Agreement on the **Form I: Indirect Cost Rate Agreement** template.

ARTICLE VI. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article III, Administrative Information**, Respondent must provide the following information.

6.2 LITIGATION AND CONTRACT HISTORY

Respondent must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures.

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent.

Solicitation Response may be rejected based upon Respondent's prior history with the State of Texas or with any other Party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

6.3 CONFLICTS

Respondent must certify that it does not have any personal or business interests that present a Conflict of Interest with respect to the RFA and any resulting Contract. Additionally, if applicable, the Respondent must disclose all potential Conflicts of Interest. The Respondent must describe the measures it will take to ensure that there will be no actual Conflict of Interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential Conflict of Interest can be mitigated and managed during the term of the Contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a Contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Respondent awarded a Contract greater than one million dollars (\$1,000,000.00) or awarded a Contract that would require the successful Respondent to register as a lobbyist under Texas Government Code Chapter 305 must submit a disclosure of interested Parties form to HHSC at the time the business entity submits the signed Contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to successful Respondents.

6.4 GRANT APPLICATION DISCLOSURE

In an effort to maximize State resources and reduce duplication of effort, HHSC, at its discretion, may require the Respondent to disclose information regarding the application for or award of State, federal, and/or local grant funding by the Respondent or community collaborative member organization within the past two (2) years.

6.5 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all of the following listed exhibits, which are listed in the submission checklist in **Article IX, Submission Checklist**.

- A. **Exhibit A, Affirmations and Solicitation Acceptance;**
- B. **Exhibit D, Exceptions Form,** if applicable;
- C. **Exhibits E** and **E-1**, Federally Required Affirmations and Certifications:
 - a. **Exhibit E, Assurances – Non-Construction Programs;** and
 - b. **Exhibit E-1, Certification Regarding Lobbying;**
- D. **Exhibit F, Data Use Agreement (DUA) Between the Texas Health and Human Services System and Contractor**
- E. **Exhibit G, Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification**

ARTICLE VII. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

An Expenditure Proposal is required for all Respondents; however, only the Respondents applying to provide YRC Program services within this RFA are required to complete the **Form H: Expenditure Proposal Template**.

Attached **Form H: Expenditure Proposal Template** of this RFA includes the template for submitting the Expenditure Proposal to provide YRC services.

Respondents must base their Expenditure Proposal on the Scope of Work described in **Article II, Scope of Grant Award**, and **Exhibits H – N and T**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the Contract resulting from this RFA are deemed rejected by HHSC.

Respondents must demonstrate that Project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable State and federal grant requirements.

Respondent must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched for the YRC Programs. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the Project.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by UGMS, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Proposal will be entered into budget tables and supported by narrative descriptions describing YRC Program Expenditure the need for the requested cost and a calculation demonstrating how the cost was arrived at.

Matching funds must also be identified in the Expenditure Proposal, including both anticipated matching funds and funds being certified in the proposal. Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from collaborative partner organizations, donated resources, or in-kind contributions committed specifically for the proposed Project. **State or federal funds may not be used as match.**

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS.

7.2 **INDIRECT COST RATE (ICR)**

All Respondents are required to complete and submit **Form I: Indirect Cost Rate Agreement**, along with the required supporting documentation. HHSC will recognize the following pre-approved Indirect Cost Rates:

- a. Federally Approved Cost Allocation Plan;
- b. Federally Approved ICR Agreement;
- c. State of Texas Cognizant Agency ICR.

If the Grantee does not have one (1) of the options listed above, then the Grantee may be eligible for the ten percent (10%) de minimis Indirect Cost Rate. If Grantee requests an ICR above the ten percent (10%) de minimis, Grantee shall provide the Organizations ICR Agreement. If the Agreement is not provided, Grantee is only eligible to budget the de minimis. HHSC will outreach with applicable Grantees after Contract award to complete the ICR process. Respondents should respond to HHSC requests timely to ensure that the ICR is issued as soon as possible.

ARTICLE VIII. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by HHSC to award a Contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. HHSC is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, Contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Contract Responsibility

HHSC will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its contractors.

8.1.3 Public Information Act

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Respondents who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA. Amendments to the PIA passed during the 86th Legislative Session, specifically make “contracting information” public information that must be disclosed in response to a public information request unless otherwise excepted by the Act. Tex. Gov’t Code §§ 552.003(7), 552.0222.

In addition, pursuant to Texas Government Code Section 2261.253(a), HHSC is required to post executed Contracts and the associated Solicitation documents on the agency website. Contract documents posted to the web may include the Solicitation Response of any Respondent receiving a Contract.

HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. If it is necessary for Respondent to include proprietary or confidential information (which may include, but is not limited to, trade secrets or privileged information), Respondent must clearly mark in bold red letters the term “**CONFIDENTIAL**” using at least **14-point font**, on that specific part or page of the

submittal which Respondent believes to be confidential. All submittals and parts of submittals that are not marked confidential will be automatically considered to be public information. Should trade secrets or proprietary or otherwise confidential information be included in the submitted electronic copy, the content should be marked in the same manner as the original as stated above. In addition, Respondent should mark the medium with the word "CONFIDENTIAL." If HHSC receives a public information request seeking information marked by Respondent as confidential, Respondent will receive notice of the request as required by the PIA.

If HHSC receives a public information request for submittals and parts of submittals that are not marked confidential, the information will be disclosed to the public as required by the PIA. Note that pricing is not generally considered confidential under the PIA. Merely making a blanket claim that an entire Solicitation Response is protected from disclosure because it contains any amount of proprietary or confidential information is not acceptable and may make the entire Solicitation Response subject to release under the PIA.

8.1.4 News Releases

Prior to final award a Respondent may not issue a press release or provide any information for public consumption regarding its participation in this RFA. Requests should be directed to the HHSC Point of Contact Identified in **Article III, Administrative Information**.

8.1.5 Additional Information

By submitting a proposal, the Respondent grants HHSC the right to obtain information from any lawful source regarding the Respondent's and its directors', officers', and employees': (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with Contract requirements. By submitting a proposal, a Respondent generally releases from liability and waives all claims against any Party providing HHSC information about the Respondent. HHSC may take such information into consideration in evaluating proposals.

ARTICLE IX. SUBMISSION CHECKLIST

This checklist is provided for Respondent's convenience only and identifies documents that must be submitted with this Solicitation to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for Contract award.

Note: Respondent shall complete one application for each HHS region applying to provide services.

A. Original Solicitation Response Package

The Solicitation Package must include the "Original" Solicitation Response in **one (1) USB flash drive** consisting of the five (5) parts described in detail below that are clearly separated by electronic folders named accordingly, see Folder Organization below. The USB flash drive must be labeled "Original."

1. **1** Electronic folder with copy of **Organizational Information**
2. **1** Electronic folder with copy of **Narrative Proposal**
3. **1** Electronic folder with copy of **Supportive Information**
4. **1** Electronic folder with copy of **Expenditure Proposal**
5. **1** Electronic folder with copy of **Applicable Exhibits**

Folder Organization

The folders on the USB flash drive shall be organized as follows:

Folder 1: **1 Org Info**

Folder 2: **2 Narrative Prop**

Folder 3: **3 Supportive Info**

Folder 4: **4 Expenditure Prop**

Folder 5: **5 Exhibits**

Each folder shall include the required information in the order they appear on the checklist. The form and/or exhibit name must match the name on the checklist.

For example, all Respondents are required to complete the Organizational Information. Therefore, Respondent shall place the completed forms in the folder named, **1 Org Info**, and the documents in the folder should appear as follows:

Form A: Respondent Information

Form B-2: Nonprofit or For-Profit Entity

Form C: Administrative Information

Form D: Contact Person Information

B. Copies of Solicitation Response Package

Respondent will provide **one (1) USB flash drive** consisting of the five (5) parts described above. The USB flash drive must be labeled “Copy.” The folders must be organized as described above.

1. **1** Electronic folder with copy of **Organizational Information**
2. **1** Electronic folder with copy of **Narrative Proposal**
3. **1** Electronic folder with copy of **Supportive Information**
4. **1** Electronic folder with copy of **Expenditure Proposal**
5. **1** Electronic folder with copy of **Applicable Exhibits**

C. Checklist for Application

1. Organizational Information (Forms A through D)

- a. **Form A: Respondent Information** _____
- b. **Form B-1: Governmental Entity** (if applicable) _____
- c. **Form B-2: Nonprofit or For-Profit Entity** (if applicable) _____
- d. **Form C: Administrative Information** _____
- e. **Form D: Contact Person Information** _____

2. Narrative Proposal (Forms E – F)

- a. **Program Narrative Proposal Forms (Forms E-1 through E-6)**
 - i. **Form E-1: TRA, TRF, TRY: Outpatient Treatment Services** _____
 - ii. **Form E-2: TRA, TRF, TRY: Residential Treatment Services** _____
 - iii. **Form E-3: TRA, TRF: Detoxification Services/Withdrawal Management Services** _____
 - iv. **Form E-4: Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Program Narrative** _____
 - v. **Form E-5: Youth Recovery Communities (YRC) Program Overview** _____
 - vi. **Form E-6: Medication Assisted Treatment Services (MAT) and Neonatal Abstinence Syndrome – Medication Assisted Treatment (NAS-MAT) Program Review** _____

Respondent shall complete the appropriate **Form E(s) for the Programs and services selected on **Form A, Respondent Information**.*

- b. **Form F: YRC Performance Measures and Goals (YRC Only)** _____

3. Supportive Documents _____

- a. **Respondent’s applying for TRA, TRY and/or TRF Program Services:**
 - i. Provide a copy of Texas Licensing Authority Facility License;
 - ii. Faith-Based Organization Texas Licensing Authority Exemption designation documentation.
- b. **Respondent’s applying for COPSD Program Services:**
 - i. If Respondent is licensed Facility, provide a letter of agreement or Memorandum of Understanding with LMHA/LBHA;

- ii. If Respondent is a LMHA/LBHA, and does not hold a valid Facility License, Respondent provides a letter of Agreement or Memorandum of Understanding with a HHSC funded Facility licensed provider;
- iii. If Respondent is a LMHA/LBHA and holds a Texas Licensing Authority Facility License, Respondent provides a document describing how mental health and substance use disorders will be addressed concurrently.
- c. Respondent's applying for MAT and/or NAT-MAT Program Services:
 - i. Copy of Texas Licensing Authority Narcotic Treatment License;
 - ii. Copy of Certification form SAMHSA as an Opioid Treatment Program;
 - iii. Copy of Registration with Drug Enforcement Agency;
 - iv. Copy of accreditation from a SAMHSA approved accrediting body and/or copy of the application submitted to the accrediting body

4. **Expenditure Proposal**

- a. **Form G: Financial Management & Administration Questionnaire** _____
- b. **Form H: Expenditure Proposal Template (YRC Only)** _____
- c. **Form I: Indirect Cost Rate Agreement** _____

Respondent shall only complete and submit **Form H, Expenditure Proposal Template, Expenditure Proposal Template if applying to provide the YRC Program services.*

5. **Applicable Exhibits** (to be included in Application)

- a. **Exhibit A, Affirmations and Solicitation Acceptance** _____
- b. **Exhibit D, Exceptions Form**, if applicable _____
- c. **Exhibits E and E-1, Federally Required Affirmations and Certifications** _____
- d. **Exhibit F, Data Use Agreement (DUA) Between the Texas Health and Human Services System and Contractor** _____
- e. **Exhibit G, Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification** _____

ARTICLE X. LIST OF EXHIBITS AND FORMS

10.1 LIST OF EXHIBITS

Exhibit A, Affirmations and Solicitation Acceptance

Exhibit B, HHSC Uniform Terms and Conditions – Grant, Version 2.16.1

Exhibit C, HHSC Special Conditions, Version 1.2

Exhibit D, Exceptions Form

Exhibit E, Assurances – Non-Construction Programs

Exhibit E-1, Certification Regarding Lobbying

Exhibit F, Data Use Agreement (DUA) Between the Texas Health and Human Services System and Contractor

Exhibit G Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Exhibit H, Treatment for Adults (TRA) Statement of Work (SOW)

Exhibit I, Treatment for Females (TRF) Statement of Work (SOW)

Exhibit J, Treatment for Youth (TRY) Statement of Work (SOW)

Exhibit K, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Statement of Work (SOW)

Exhibit L, Youth Recovery Communities (YRC) Statement of Work (SOW)

Exhibit M, Medication Assisted Treatment (MAT) Statement of Work (SOW)

Exhibit N, Neonatal Abstinence Syndrome - Medication Assisted Treatment (NAS-MAT) Statement of Work (SOW)

Exhibit O, Health and Human Services Commission (HHSC) Substance Use Disorder (SUD) Utilization Management (UM) Guidelines

Exhibit P, Fee-For-Service Rates

Exhibit Q, Health and Human Services (HHS) Offices by County

Exhibit R, HHSC Guidelines for the Use of Extended-release Injectable Naltrexone

Exhibit S, Substance Abuse Prevention and Treatment (SAPT) Block Grant Contract Supplement

Exhibit T, Comprehensive, Continuum of Care for Females (CCC) Statement of Work (SOW)

Exhibit U, Evaluation Tool

10.2 LIST OF FORMS

Form A: Respondent Information

Form B-1: Governmental Entity

Form B-2: Nonprofit or For-Profit Entity

Form C: Administrative Information

Form D: Contact Person Information

Form E-1: TRA, TRF, TRY: Outpatient Treatment Services

Form E-2: TRA, TRF, TRY: Residential Treatment Services

Form E-3: TRA, TRF: Detoxification Services/Withdrawal Management Services

Form E-4: Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Program Narrative

Form E-5: Youth Recovery Communities (YRC) Program Overview

Form E-6: Medication Assisted Treatment (MAT) and Neonatal Abstinence Syndrome – Medication Assisted Treatment (NAS-MAT) Program Review

Form F: Performance Measures and Goals (YRC Only)

Form G: Financial Management & Administration Questionnaire

Form H: Expenditure Proposal Template

Form I: Indirect Cost Rate Agreement